U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 2346	2. Fiscal Year Covered From:  07 / 01 / 2003 Through: 06 / 30 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Richard L. Spiker	Name Painters Local Union No. 1144
	Labor Organization File Number 025-750
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 2401 12th Ave.	Street 512 33rd Street
City Vienna	City Parkersburg
State WV ZIP Code +4 26105	State WV ZIP Code + 4 26101162

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

6. Name and address of Employer (including trade name, if any	). 7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bidg., Room No., if any		
Street	7.b. Amount.	
City		
State ZIP Code + 4		

## Signature

<ol> <li>Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the informa-</li> </ol>	ation
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the be-	st of the
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	

Signed

on 6/15/05

304-295-4378

Date

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). 9. Business deals with: Name a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street City ZIP Code + 4 State 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. ZIP Code + 4 State 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.b. Amount of payment.